



EMPLOYEE REQUEST FOR FAMILY AND MEDICAL LEAVE

Date: _____

To: Director, ND Commission on Legal Counsel for Indigents

From: _____
(Employee requesting leave)

Subject: REQUEST FOR FAMILY AND MEDICAL LEAVE

I hereby provide notification that I will need to take family/medical leave due to:

- ☐ The birth of a child, or the placement of a child with me for adoption or foster care; or
- ☐ A serious health condition that make me unable to perform the essential functions for my job; or
- ☐ A serious health condition affecting my ☐ spouse ☐ child ☐ parent, for which I am needed to provide care.

I will need this leave beginning on _____ and that I expect
leave to continue until on or about _____.

If seeking intermittent leave, additional information is _____

Employee Signature

Date